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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number
10/672,346Filing Date
September 26, 2003First Named Inventor
Joon-Seo SonArt Unit
2811Examiner Name
IM, Jungwa M.Attorney Docket Number
11948.12**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kirtan & McConkie		
Signature			
Printed name	Kenneth E. Horton		
Date	April 13, 2006	Reg. No.	39,481

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Erin Cowles

Date

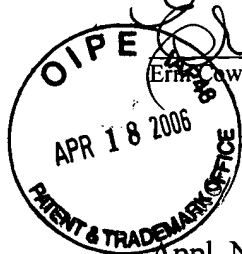
April 13, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Erin Cowles

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/672, 346
Applicant : Joon-Seo Son
Filed : September 26, 2003
TC/A.U. : 2811
Examiner : IM, Jungwa M.

Confirmation No. 9664

Docket No. : 11948.12

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FEE TRANSMITTAL

To Whom It May Concern:

1. Total Fee Paid: \$1810.00**2. Method of Payment:**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account

Account Number 500843
Account Name Kirton & McConkie

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
to the above-identified deposit account.

3. Fee For Extra Claims:

Extra Claims					Fee/Claim		Fee Paid
Total Claims	23	- 25 [*] =	0	x	50	=	0
Indp. Claims	8	- 8 ^{**} =	0	x	200	=	0
Multiple Dependent Claims					x		0

* 20 or highest number of total claims previously paid for.

** 3 or highest number of independent claims previously paid for.


4. Additional Fees:

Fee Description	Fee Paid
Surcharge – late filing fee or oath (\$130)	
Extension of one month (\$120)	
Extension of two months (\$450)	
Extension of three months (\$1020)	\$1020
Extension of four months (\$1590)	
Extension of five months (\$2160)	
Notice of Appeal (\$500)	
Filing appeal brief (\$500)	
Request for oral hearing (\$1000)	
Submission of IDS (\$180)	
Record patent assignment (\$40)	
RCE (\$790)	\$790
Fee for Terminal Disclaimer (\$130)	
Fee for extra claims (from above):	
Other:	
Total:	\$1810

Respectfully submitted,

Date: April 13, 2006

By


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Reg. No. 39,481

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